

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05795
Reg. Dist. No. 51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH- COUNTY <u>Calvert</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Calvert</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>W. Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Lusby</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Calvert Co. Hospital</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Eloka</u>	(Middle)	(Last) <u>Barefield</u>
4. SEX <u>F</u>	5. COLOR OR RACE <u>C</u>	6. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widow</u>	7. DATE OF BIRTH <u>Feb 29, 1893</u>
8. AGE last birthday <u>57</u> yrs.	9. DATE OF DEATH <u>6-5-1951</u>	10. a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10. b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) <u>Calvert Co. Md</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	13. FATHER'S NAME <u>David Smith</u>	14. MOTHER'S MAIDEN NAME <u>Mary Johnson</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS <u>Reinhard Smith Lusby, Md</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Cerebral Hemorrhage

Antecedent cause(s)

(b) Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

20. AUTOPSY?

Yes ☐ No ☐

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at....., 19....., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>6-8-51</u>	<u>St. Johns</u>	<u>Calvert</u>	<u>Md</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>6/8/51</u>	<u>W. W. Evans</u>	<u>P. E. Seward</u>	<u>Prince Frederick, Md</u>	

MARGIN RESERVED FOR BINDING

VS. 415

RECEIVED

JUN 13 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05796

Reg. Dist. No. 51

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH- COUNTY <u>Calvert</u> MARYLAND				2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Calvert</u>			
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Howell</u>				CITY (If outside corporate limits, write RURAL and give nearest town) <u>Howell</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) (First) <u>Joseph</u> (Middle) <u>Alexander</u> (Last) <u>Barrett</u>				4. DATE OF DEATH (Month) <u>June</u> (Day) <u>17</u> (Year) <u>1951</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>W</u>	8. DATE OF BIRTH <u>Mar. 3, 1885</u>	9. AGE last birthday <u>66</u> yrs.	If under 1 year Months <u>3</u> Days <u>14</u>		If under 24 hrs. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Waterman</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Cashier & Typewriter</u>		11. BIRTHPLACE (State or foreign country) <u>Calvert County, Md</u>	
13. FATHER'S NAME <u>William Barrett</u>				14. MOTHER'S MAIDEN NAME <u>Sallie Scott</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>218-14-3183</u>		17. INFORMANT AND ADDRESS <u>Lewis Barrett - Appeal, Md.</u>	
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause (a) <u>Carcinoma of Prostate</u>						<u>1 year</u>	
Antecedent cause(s) (b) <u>177x Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last</u>							
(c)							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>							
21. ACCIDENT (Specify) <u>SUICIDE</u>				PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u>			
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>m.</u>				INJURY OCCURRED While at <input type="checkbox"/> Not While Work <input type="checkbox"/> At work <input type="checkbox"/>			
				HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June 13</u> , 19 <u>51</u> , to <u>June 17</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>June 13</u> , 19 <u>51</u> , and that death occurred at <u>8:00 A.</u> m., from the causes and on the date stated above.							
SIGNATURE <u>Page C. Jett Jr.</u>				ADDRESS <u>F. G. Ruhl M.D.</u>			
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>				DATE THEREOF <u>June 19, 1951</u>			
NAME OF CEMETERY OR CREMATORY <u>St. Paul's Cemetery</u>				LOCATION (City, town, or county) (State) <u>Calvert Co., Md.</u>			
DATE REC'D BY LOCAL REG. <u>6-18-51</u>				24. FUNERAL DIRECTOR <u>A. A. Harkness & Son - Mutual, Md.</u>			
REGISTRAR'S SIGNATURE <u>H. H. Ware</u>				ADDRESS			

9/10/26

RECEIVED
JUN 26 1961
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05797

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY <u>Cabnet</u> CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <u>Broomes Island</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS		MARYLAND LENGTH OF STAY (in this place) <u>Life</u>		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Maryland</u> COUNTY <u>Cabnet</u> CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Broomes Island</u> STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)		(First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
<u>Maud</u>		<u>U.</u>	<u>Elliott</u>		<u>June 20, 1957</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>M</u>	8. DATE OF BIRTH <u>Sept. 8, 1876</u>	9. AGE last birthday <u>74</u> yrs.	If under 1 year Months Days <u>9</u> <u>12</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Charles County, Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13. FATHER'S NAME <u>William Foreman</u>			14. MOTHER'S MAIDEN NAME <u>Sarah J. Foreman</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT AND ADDRESS. <u>J. Frank Elliott - Broomes Island, Md.</u>		
18. MEDICAL CERTIFICATION					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Heart failure due to glandular</u>					
Antecedent cause(s) (b) <u>Arteriosclerosis</u>					
Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>June 20, 1957</u> , to <u>June 20, 1957</u> , that I last saw the deceased alive on <u>June 20, 1957</u> , and that death occurred at <u>2 AM</u> m., from the causes and on the date stated above.					
SIGNATURE <u>W. W. Ward</u>		(Degree or title) <u>M.D.</u>		ADDRESS <u>St. Leonard, Md. 21157</u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>June 22, 1957</u>		NAME OF CEMETERY OR CREMATORY <u>Broomes Island Cem. Broomes Island, Md.</u>	
DATE REC'D BY LOCAL REG. <u>6/21/57</u>		REGISTRAR'S SIGNATURE <u>W. W. Ward</u>		24. FUNERAL DIRECTOR <u>A. A. Harkness & Son - Mutual, Md.</u>	

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VS. 415

RECEIVED
JUN 28 1961
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05798

Reg. Dist. No. 52

1. PLACE OF DEATH- COUNTY <u>Calvert</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Wallops</u> TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>MD</u> COUNTY <u>Pal</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Wallops</u> TOWN STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (First) <u>George</u> (Middle) <u>Essex</u> (Last) <u>Essex</u>		4. DATE OF DEATH (Month) <u>6</u> (Day) <u>22</u> (Year) <u>1951</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>W</u>	8. DATE OF BIRTH <u>March 28, 1875</u>
9. AGE last birthday <u>76</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	
11. BIRTHPLACE (State of foreign country) <u>MD</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>George J Essex</u>		14. MOTHER'S MAIDEN NAME <u>Ellen Essex</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>unknown</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>—</u>	
17. INFORMANT AND ADDRESS <u>Raymond Crawford</u>		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause (a) <u>434.3 Acute deilitation of heart</u>			
Antecedent cause(s) (b) <u>95c Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last</u>			
II. OTHER SIGNIFICANT CONDITIONS (c) <u>Found dead on kitchen table</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT (Specify) <u>SUICIDE</u>		PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>—</u> (CITY OR TOWN) <u>—</u> (COUNTY) <u>—</u> (STATE) <u>—</u>	
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>—</u> m.		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
HOW DID INJURY OCCUR? <u>—</u>			
22. I hereby certify that I attended the deceased from <u>19</u> , to <u>19</u> , that I last saw the deceased alive on <u>6/22/51</u> , and that death occurred at <u>6:15 A</u> m., from the causes and on the date stated above.			
SIGNATURE <u>H. W. ...</u> (Degree or title)		ADDRESS <u>Owings, MD</u> DATE SIGNED <u>6/22/51</u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>June 24, 1951</u>	
NAME OF CEMETERY OR CREMATORY <u>Emmanuel C.M.</u>		LOCATION (City, town, or county) <u>Parsons, Md.</u> (State) <u>MD</u>	
DATE REC'D BY LOCAL REG. <u>June 23, 1951</u>		REGISTRAR'S SIGNATURE <u>Grace L. Hutchins</u>	
24. FUNERAL DIRECTOR. <u>Wm. H. Hutchins</u>		ADDRESS <u>Owings, Md</u>	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

100105



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05799

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH COUNTY <u>Calvert</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Calvert</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Sunderland</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Dunkirk Md.</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Edward S.</u>	(Middle)	(Last) <u>Freelon</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>C</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>Sept-20-1947</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <u>3</u> yrs.
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>James Freelon</u>		14. MOTHER'S MAIDEN NAME <u>Frances Simms</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS <u>James Freelon, Dunkirk Md.</u>

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Poisoning Sodium Nitrite

Antecedent cause(s)

(b)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

Original report to physician

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Child found in home clothes. Did not die

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

to hospital - autopsy performed

INTERVAL BETWEEN ONSET AND DEATH

21. ACCIDENT SUICIDE HOMICIDE	(Specify) <u>Acc.</u>	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
		INJURY	<u>Home</u>		
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OCCUR?			
OF INJURY <u>6-16-51</u> m.	While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	<u>Ingestion of overdose of sodium nitrite.</u>			

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased

alive on.....6-16....., 1951., and that death occurred at.....7:30 P......, from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>6-19-51</u>	<u>Walkers Chapel</u>	<u>Calvert A.A.</u>	<u>Md</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>6-18-51</u>	<u>H. H. Hard</u>	<u>P. E. Sewell</u>	<u>Prince Frederick Md</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 26 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 65800 51

1. PLACE OF DEATH- COUNTY <u>Calvert</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Prince Frederick</u> TOWN <u>Prince Frederick</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Calvert County Hospital</u>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Calvert</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Charmy</u> TOWN <u>Charmy</u> STREET ADDRESS (If rural, give location) <u>Charmy</u>	
3. NAME OF DECEASED (Type or Print) <u>Caroline</u> (First) <u>Priscilla</u> (Middle) <u>Hardisty</u> (Last)		4. DATE OF DEATH <u>June</u> (Month) <u>27</u> (Day) <u>1951</u> (Year)	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>S</u>	8. DATE OF BIRTH <u>Feb. 15</u> <u>1879</u>
9. AGE last birthday <u>72</u> yrs. <u>4</u> Months <u>12</u> Days		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>	
11. BIRTHPLACE (State or foreign country) <u>Calvert County Md.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13. FATHER'S NAME <u>William E. Hardisty</u>		14. MOTHER'S MAIDEN NAME <u>Martha Ellen Charmy</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY No. <u>no</u>	
17. INFORMANT AND ADDRESS <u>Miss Martha Hardisty - Charmy Md.</u>		18. MEDICAL CERTIFICATION	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(a) Parkinson's disease

(b) arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT (Specify) <u>SUICIDE</u> HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u>		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 1-6, 1951, to 6/27, 1951, that I last saw the deceased

alive on 6/27, 1951, and that death occurred at 11 A. m., from the causes and on the date stated above.

SIGNATURE [Signature]

(Degree or title)

ADDRESS [Signature]

DATE SIGNED 6/28/51

23. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>June 29, 1951</u>		NAME OF CEMETERY OR CREMATORY <u>Shiloh Cemetery</u>		LOCATION (City, town, or county) <u>Blunkrick</u>		(State) <u>Md</u>	
DATE REC'D BY LOCAL REG. <u>6/28/51</u>		REGISTRAR'S SIGNATURE <u>H. H. Hart</u>		24. FUNERAL DIRECTOR <u>A. A. Harbener & Sons - Mutual, Md</u>		ADDRESS			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 1 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05801

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH- COUNTY <u>Calvert</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Calvert</u>	
CITY (If outside corporate limits, write RURAL, and OR give nearest town) <u>Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>	
TOWN <u>Frederick</u>		TOWN <u>Frederick</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Calvert Co Hospital</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>6-8-51</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>C</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>6-8-51</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <u>yr.</u> If under 1 year Months Days If under 24 hrs. Hours Min.
13. FATHER'S NAME <u>Ellsworth Ward</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY No.	
(If year, give war or dates of service)		17. INFORMANT AND ADDRESS <u>Martha Holland, Pleasant St.</u>	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
(a) <u>Pneumonia</u>			
(b) <u>Immediate cause</u>			
(c) <u>Antecedent cause(s)</u>			
159 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 6/8, 1951, to 6/8, 1951, that I last saw the deceased alive on 6/8, 1951, and that death occurred at 10 noon, from the causes and on the date stated above.

SIGNATURE <u>Ellsworth Ward</u>		ADDRESS <u>Huntingtown Md</u>		DATE SIGNED <u>6/8/51</u>
23. BURIAL, CREMATION REMOVAL (Specify)	DATE <u>6-10-51</u>	NAME OF GEMETERY OR CREMATORY <u>St Edmunds</u>	LOCATION (City, town, or county) <u>Calvert Co. Md</u>	(State)
DATE REC'D BY LOCAL REG. <u>6/9/51</u>	REGISTRAR'S SIGNATURE <u>Virgil P. Carpenter</u>	24. FUNERAL DIRECTOR <u>P. E. Sewell, Prince Frederick, Md</u>		ADDRESS

10608124326V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Put correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
JUN 15 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05802

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH- COUNTY <u>Calvert</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Calvert</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Huntingtown Md</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Huntingtown Md</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Harvey</u> (Middle) <u>F</u> (Last) <u>Long</u>	4. DATE OF DEATH (Month) <u>6</u> (Day) <u>18</u> (Year) <u>1957</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>C</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb 29 1881</u>
9. AGE last birthday <u>70</u> yrs.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Owner</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Maryland</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	13. FATHER'S NAME <u>James Long</u>	14. MOTHER'S MAIDEN NAME <u>T</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS <u>Elie Long, Washington D.C.</u>	
18. MEDICAL CERTIFICATION			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>cerebral aneurysm</u>			
Antecedent cause(s) (b) <u>giving rise to the above cause stating the underlying cause last</u>			
Other significant conditions (c) <u>831X 83a</u>			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT (Specify) <u>SUICIDE</u>		PLACE (Home, farm, factory, street, OF office hldg., etc.) <u>INJURY</u>	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Jan</u> , 19 <u>50</u> , to <u>6-18</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>6-18</u> , 19 <u>57</u> , and that death occurred at <u>2:38</u> p.m., from the causes and on the date stated above.			
SIGNATURE <u>[Signature]</u>		ADDRESS <u>Huntingtown, Md</u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>6-20-57</u>	
NAME OF CEMETERY OR CREMATORY <u>Patuxent</u>		LOCATION (City, town, or county) <u>Calvert</u> (State) <u>Md</u>	
DATE REC'D BY LOCAL REG. <u>6-18-57</u>		24. FUNERAL DIRECTOR <u>P. E. Sewell</u> ADDRESS <u>Prince Frederick Md</u>	

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05803

Reg. Dist. No.

51

1. PLACE OF DEATH:

County... Cabot
 City or town... Prince Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 wks.
 Hospital, institution, or street address where death occurred:
Cabot County Hospital
 How long in hospital or institution? 2 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Maryland County... Cabot
 City or town... Harwood
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war... M

3. (a) FULL NAME

William Henry McKenzie

3. (b) Social Security Number

220

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

M

6. (b) Name of husband or wife

Cora McKenzie

7. Birth date of deceased (mo., day, yr.)

Nov. 23, 1875

6. (c) If alive, give age... years

8. AGE:

Years

Months

Days

If less than one day

7568

hrs.

min.

9. Birthplace

Open Hill - Maryland
(Town, county and state)

10. Usual occupation

Tenant Farmer

11. Industry or business

Farming

MOTHER

12. Name

Laura McKenzie

13. Birthplace

Ind

14. Maiden name

Laura King

15. Birthplace

Ind

16. Informant

Cora McKenzie

Address

Baseter, Ind

17.

(Burial, cremation, or removal, Which?)

Date thereof

June 3, 1957
(month) (day) (year)

Cemetery or crematory

Christ Church

Location

Port Republic, Ind

18. Funeral director

A. R. Duckness & Son

Address

Marshall, Ind.

19.

6/2/57
(Date rec'd by registrar)

19.

H. W. Ward

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... June 1 1951 at 4:15 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

2 May 1950 to 2 June 1951and that I last saw him alive on 2 June 1951

Immediate cause of death

Coronary of heart

DURATION

Due to

Due to

Other conditions

153X

(Include pregnancy within 3 months of death)

462

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

H. W. Ward M. D. or other
Address... Huntingtown Md Date signed 6/2/51

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JUN 7 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05804
Reg. Dist. No. 51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH- COUNTY <u>Cabot</u> CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Barnston</u> TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Cabot</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Barnston</u> TOWN STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (First) <u>Margaret</u> (Middle) <u>W.</u> (Last) <u>Robinson</u>		4. DATE OF DEATH (Month) <u>June</u> (Day) <u>29</u> (Year) <u>1951</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>W</u>	8. DATE OF BIRTH <u>Oct. 16, 1874</u> 76 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	9. AGE last birthday <u>76</u> yrs. If under 1 year Months <u>8</u> Days <u>13</u> If under 24 hrs. Hours <u>13</u> Mins.
11. BIRTHPLACE (State or foreign country) <u>Cabot County, Md.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.C.</u>	
13. FATHER'S NAME <u>Walter B. Williams</u>		14. MOTHER'S MAIDEN NAME <u>Anne Rebecca Denton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>no</u>	
17. INFORMANT AND ADDRESS <u>Margaret Robinson Trott - Barnston</u>			
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Coronary Occlusion</u>			
Antecedent cause(s) (b) <u>Hypertension</u> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last			
(c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT (Specify) <u>SUICIDE</u>		PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u>	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input checked="" type="checkbox"/>	
HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>6/28</u> , 19 <u>51</u> , to <u>6/29</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>6/28</u> , 19 <u>51</u> , and that death occurred at <u>11:00</u> m., from the causes and on the date stated above.			
SIGNATURE <u>Page 1st</u>		DATE SIGNED <u>6/30/51</u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>July 1, 1951</u>	
NAME OF CEMETERY OR CREMATORY <u>Central Cemetery</u>		LOCATION (City, town, or county) <u>Barnston</u> (State) <u>Md.</u>	
DATE REC'D BY LOCAL REG. <u>6/30/51</u>		24. FUNERAL DIRECTOR <u>D. A. Harkness & Son - Mutual</u>	

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VS. A15

RECEIVED
JUL 5 1951
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

05805

1. PLACE OF DEATH- COUNTY <u>Calvert</u>		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Calvert</u> COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Lusby</u>		LENGTH OF STAY (in this place) <u>3 yrs</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Lusby Md.</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print)	(First) <u>Billie</u>	(Middle) <u>George</u>	(Last) <u>Shinnitt</u>	4. DATE OF DEATH	(Month) <u>6</u> (Day) <u>25</u> (Year) <u>1951</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>March 22, 1898</u>	9. AGE last birthday <u>54</u> yrs.	If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer Tenant</u>		11. BIRTHPLACE (State or foreign country) <u>Md.</u>	
13. FATHER'S NAME <u>George Shinnitt</u>		14. MOTHER'S MAIDEN NAME <u>Mandy Bettas</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Mrs. Melvin Gardner</u>	

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause (a) <u>Tuberculosis</u>							
Antecedent cause(s) (b) <u>1008X</u>							
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>13</u>							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>3/2</u> , 19 <u>51</u> , to <u>6/24</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>6/25</u> , 19 <u>51</u> , and that death occurred at <u>3 A</u> m., from the causes and on the date stated above.							
SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>				ADDRESS <u>Huntingtown Md</u>		DATE SIGNED <u>6/26/51</u>	
23. BURIAL, CREMATION REMOVAL (Specify)		DATE		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>June 27/51</u>		<u>St. Paul</u>		<u>Prince Frederick Md.</u>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
<u>June 26, 51</u>		<u>Grace L. Hutchins</u>		<u>4011 H. Hutchins</u>		<u>Owings, Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUL 8 1961
BUREAU V. 1